

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

Handwritten notes: 48, 11/16/01, 01/16/02, 02-08-02, Jha, H.C.

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Handwritten: 02/16/02, 02/16/02, 02/16/02